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PTO/SB/21 (09-04)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/621,552
		Filing Date	July 17, 2003
		First Named Inventor	Bobby Hu
		Art Unit	3723
		Examiner Name	D. Meislin
Total Number of Pages in This Submission	22	Attorney Docket Number	2186-00400 DVF

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> 4 References
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm	CONLEY ROSE, P. C.	
Signature		
Printed name	DEREK V. FORINASH	
Date	December 3, 2004	Reg. No. 47,231

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or Printed Name	M. A. CRABTREE		
Signature		Date	December 3, 2004

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FEE TRANSMITTAL
For FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	10/621,552
Filing Date	July 17, 2003
First Named Inventor	Bobby Hu
Examiner Name	D. Meislin
Art Unit	3723
Attorney Docket No.	2186-00400 DVF

TOTAL AMOUNT OF PAYMENT \$ 00.00**METHOD OF PAYMENT (Check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:
 Deposit Account Number: 03-2769
 Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
☒ Credit any overpayments
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity		Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)		
1001	790	2001 395	Utility filing Fee	\$
1002	350	2002 175	Design filing fee	\$
1003	550	2003 275	Plant filing fee	\$
1004	790	2004 395	Reissue filing fee	\$
1005	160	2005 80	Provisional filing fee	\$

SUBTOTAL (1) \$00.00**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**


Total Claims	Extra Claims	Fee from below	Fee Paid
58	61** = 0 x	18.00 =	\$00.00
Independent Claims	8	8** = 0 x	88.00 = \$00.00
Multiple Dependent Claims		300.00 =	\$ 00.00

Large Entity	Small Entity	Fee	Fee	Code (\$)	Fee Description
1202	2202	18	9	Claims in excess of 20	
1201	2201	88	44	Independent Claims in excess of 3	
1203	2203	300	150	Multiple dependent claim, if not paid	
1204	2204	88	44	** Reissue independent claims over original patent	
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$00.00

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	DEREK V. FORINASH	Registration No. (Attorney/Agent)	47,231	Telephone	(713) 238-8000
Signature		Date	December 3, 2004		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: BOBBY HU

SERIAL NO.: 10/621,552

FILED: July 17, 2003

FOR: Reversible Ratcheting Tool with a
Smaller Head and Improved
Driving Torque

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ART UNIT: 3723

EXAMINER:
D. Meislin

CONFIRMATION NO. 1339

AMENDMENT AND RESPONSE TO OFFICE ACTION DATED SEPTEMBER 3, 2004

Atty. Dkt. No.: 2186-00400

Date: December 2, 2004

Mail Stop Amendment
Commissioner For Patents
P. O. Box 1450
Alexandria, VA. 22313-1450

Sir:

In an Office Action dated September 3, 2004, the Examiner rejected claims 1-61.

Reconsideration is respectfully requested.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 16 of this paper.